



Mandatory STD Reporting

Medical providers and the Los Angeles County Department of Public Health working together to prevent and control STDs

▶ FIVE REPORTABLE STDS: (California Code of Regulations, Title 17, Section 2500)

Reportable within 7 calendar days

Reportable within 1 working day

- √ Chlamydia
- √ Gonorrhea
- √ Chancroid
- √ Pelvic Inflammatory Disease

√ Syphilis

PROVIDERS REPORTING STD MORBIDITY WILL NOT BE IN VIOLATION OF THE HIPAA PRIVACY RULE.

Reporting of STD cases does not require patient consent and does not contradict the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule. The privacy rule allows covered entities to disclose protected health information to public health authorities when required by federal, tribal, state, or local laws [45 CFR 164.512(a)].

▶ How to report:

- ✓ Obtain and complete a Confidential Morbidity Report (CMR) form
 - Visit http://publichealth.lacounty.gov/std/cmr.htm or call (213) 741-8000 to obtain a form.
 - Complete on-line and print or complete by hand.
- ✓ Include the following information:
 - Provider Information: Name of diagnosing medical practitioner, facility/clinic name, address, telephone number.
 - Patient Information: Name, address, telephone numbers, occupation, age, date of birth, gender, marital status, race/ethnic group, gender of sex partners, and pregnancy status, and (for HIV patients only) if received HIV partner services.
 - Diagnosis, Treatment, & Partner Information: Diagnosis with symptoms and sites, date of specimen collection dates of onset (P & S only), treatment information, and number of partners elicited and/or treated.
 - Congenital Syphilis: Maternal information must be filled out in the congenital syphilis section of the infant's CMR. A separate CMR should also be submitted for the mother that contains infant information on congenital syphilis in section A and B.

▶ WHERE TO REPORT:

FAX both sides of CMR to: 213-749-9602

OR

MAIL to Department of Public Health, STD Program2615 S. Grand Avenue, Room 450 Los Angeles, CA 90007

FOR HIV REPORTING:
CALL (213) 351-8516 OR VISIT
http://publichealth.lacounty.gov/hiv/



LOS ANGELES COUNTY SEXUALLY TRANSMITTED DISEASE CONFIDENTIAL MORBIDITY REPORT



DATE OF REPORT 0 4 0 5 - 1 1 1 REPORT NEW STATUS: UPDATE (First+Space+Last) MARY TAYLOR, RN						
	DIAGNOSING MEDICAL PRACTITIONER LAST NAME FIRST NAME TITLE ABBREVIATION					
1	S M T H					
	FACILITY/CLINIC NAME SUITE/UNIT NO.					
Р	A N Y T O W N M E D I C A L C E N T E R 1 0 0					
R	FACILITY/CLINIC STREET ADDRESS 4 5 6 F I R S T S T R E E T					
O V	CITY/TOWN					
l V	LOS ANGELES					
D	STATE OFFICE TEL. (Enter 999-999-9999 as 999999999)					
E	C A 2 1 3 - 5 5 5 - 5 5 5 5					
R	ZIP CODE OFFICE FAX (Enter 999-9999 as 999999999)					
	9 0 0 0 0 2 1 3 - 5 5 5 - 6 6 6 6					
	PATIENT'S LAST NAME FIRST NAME M.I.					
	D O E					
(2	MEDICAL RECORD NUMBER AGE BIRTHDAY (MMDDYYYY): OCCUPATION 1 2 3 4 5 6 7 8 9 2 4 0 3 - 2 9 - 1 9 7 9 SALES-CLERK					
	1 2 3 4 5 6 7 8 9 2 4 0 3 - 2 9 - 1 9 7 9 SALES-CLERK PATIENT STREET ADDRESS APT/UNIT NO.					
P	1 2 3 N M A I N S T R E E T 3 B 3 B					
A	CITY/TOWN STATE ZIP CODE					
I	LOSANGELES CA 90000 HIV cases must be reported to					
E	DAY TEL. (Enter 999-999-9999 as 9999999999) EVENING TEL. (Enter 999-999-9999) LA County HIV Epidemiology Program					
N	2 1 3 - 5 5 5 5 - 1 2 3 4 2 1 3 - 4 5 6 7 Epidemiology Program (see section 5)					
-						
I	[2] 1] 3] — [4] 5] 6] — [7] 8] 9] 0] JANED@XOX.COM					
N F	PREGNANT? ☐ Unknown ☐ No ☐ Yes ►If yes, date of LMP (MMDDYY): ☐ If patient has HIV infection, have they received HIV partner servcies? ☐ No ☐ Unknown					
0	they received this parties servcies:					
R	GENDER (X one): MARITAL STATUS (X one): RACE (X all that apply): ETHICITY (X one): GENDER of SEX PARTNERS Male					
A	Female Married Black or African American Web Hispanic/					
Т	Transgender (M to F) Separated Native American or Alaska Native Female Transgender (M to F) Transgender (M to F)					
1	Transgender (F to M) Divorced Asian or Asian American Transgender (F to M)					
O N	Unknown Widowed Native Hawaiian or Pacific Islander Unknown					
	Other Living with Partner Unknown Other					
	Other: Refused					
3	CHLAMYDIA (including PID)					
	DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply):					
D	Asymptomatic Urine Specimen Collection Date (MMDDYY):					
A	Symptomatic - Cervix Treatment Date (MMDDYY): Not Treated					
G	Pelvic Inflammatory Disease Urethra Medication					
N O	□ Disease □ Orethra Medication & Dose: □ Opthalmia/Conjunctivitis □ Rectum □ Opthalmia/Conjunctivitis □ Opthal					
S	Other: Partner Number Number Treated Number Given Patient					
1	Information: Partners (last 60 days): (not including PDPT): Delivered Partner Therapy (PDPT)					
S	GONORRHEA (including PID)					
&	DIAGNOSIS (X one): SITE/SPECIMEN(S) (X all that apply): Asymptomatic Urine Specimen Collection Date (MMDDYY): 0 3 - 3 0 - 1 1 1					
т	Symptomatic - Cervix Treatment Date (MMDDVV)					
T R	uncomplicated Treatment Date (MMDD11): 0 4 - 1 1 1 Not Treated					
E	Disease Urethra Medications					
A	Opthalmia/Conjunctivitis Rectum & Doses: CEFTRIAXONE 250 MG IM X 1 DOSE AND AZITHROMYCIN 1 GM PO X 1 DOSE					
M	Disseminated Nasopharynx					
Е	Other: Partner Number Partners O O 2 Number Treated (not including					
N	(last 60 days): PDPT): (PDPT)					
-	Syphilis, Congenital Syphilis, other reportable STDs and reporting information on back page. Update on 08/24/20					

		PATIENT'S LAST NAME		FIRST NAME M.I.	
		D O E		J A N E	
	\Box		ADULT	SYPHILIS	
Co	nt.	Primary Onset Date Syphilis (MMDDYY):	LESION SITES (X all that apply):	Genital Rectum Oral Other: Vagina Perirectal	
I A	١	Secondary Onset Date O 4 0	1 — 1 1 SYMPTOMS (X all that apply):	Palmar/Plantar Rash Seneral Body Rash Alopecia	
9	1	Early Latent (≤1 year) Late Latent (>1 year) Latent, Unknown Duration □	Late Syphilis Neurosyphilis Neurosyphilis DESCRIBE SYMPTOMS		
8		Specimen Collection Date (MMDDVV)	artner information: Num	mber 0 2 Number 0 1 PREGNANT? ited:	
۱ ا	-	Pa	tient Treated: X Yes No	(If yes , give treatment/dose & dates below)	
F		X RPR or } Titer: 1: 2 5 6	ATE(S) TREATED (MMDDYY)	Medication & Dose:	
E		VDRL]	0 4 - 0 4 - 1 1	BENZATHINE PCN 2.4 MU IM X 1 DOSE	
T X TP-PA or				DENZITIME I CIVE. I MICHINI A POSE	
I N	1	FTA-ABS or Reactive: Yes No			
1		CSF-VDRL Titer: 1:			
	h		CONGENIT	CAL SYPHILIS (SEPARATE CMRs SHOULD BE SUBMITTED FOR MOTHER & INFANT)	
		INFANT INFORMA		MATERNAL INFORMATION	
		(Complete sections A & B if this is mother's CMR; Co	mplete only B if this is infant's CMR)	(Complete if this is infant's CMR)	
		INFANT'S LAST NAME		MOTHER'S LAST NAME	
		INFANT'S FIRST NAME		MOTHER'S FIRST NAME	
		S T E V E N			
		INFANT'S BIRTH DATE (MMDDYY) 0 4 - 0 4 - 1 1	Male \times Live Birth Female Still Birth	MOTHER'S BIRTH DATE (MMDDYY) Lumbar Puncture Done: Yes No	
Y No symptoms SYMPTOMS (describe) \(\simeq \) No symptoms				MOTHER'S SEROLOGY AT DELIVERY Lab Test Date (MMDDVV): MOTHER'S STAGE OF SYPHILIS AT DIAGNOSIS	
	5)	3 0 2 0		Lab rest bate (MMDB11).	
				Primary	
		GESTATION(wks) Long Bone X-rays:	Pos. Neg. Not Done	e RPR or) Titor 1	
		[3]9]		Early Latent (\$1 year)	
		Serum RPR Lab Test Date (MMDDYY): CSF	Laboratory Test Date (MMDDYY):	: Late Latent (>1 year)	
		0 4 0 4 0 0 0 0	4 - 0 4 - 1 1	TP-PA or Latent, Unknown Duration	
			L: Non-Reactive X Reactive	FTA-ABS or Reactive: Yes No Late Syphilis	
			∑>5/mm³: XYes No	Other	
			rein>50mg/dl: X Yes No	DATE(S) TREATED (MMDDYY) MEDICATION / DOSE	
		MEI	DICATION / DOSE		
		Titer 4x > mothers? Yes X No	CAUNE DON C TO COMME		
			DCAINE PCN G 50,000 UNITS/ IM X 10 DAYS		
		0 4 - 0 4 - 1 1			
	OTHER REPORTABLE STDs				
		DIAGNOSIS TREATED DA	ATE TREATED	MEDICATION / DOSE	
		Pelvic Yes No			
		Disease (complete if chlamydia & gonorrhea tests are n	egative or not available. If either test is posit	Live, report in chlamydia and/or gonorrhea sections)	
		LGV Yes No			
		Chancroid Yes No			
	\downarrow	FAX BOTH SIDES TO:	FOR CTD C112 F3-		
	!)	(213) 749-9602	5 FOR STD CMR FOR	RMS: wnload from: http://publichealth.lacounty.gov/std/cmr.htm	
OR or call (213) 741-8000 to request forms.					
S MAIL TO: FOR INFORMATION AND QUESTIONS ABOUT STD REPORTING:					
N 2615 S GRAND AVENUE RM 450 F VISIT http://publichealth.lacounty.gov/std/providers.htm or call (213					
D LOS ANGELES CA 90007 O FOR HIV REPORTING:				ING: n.lacounty.gov/hiv/hivreporting.htm or call (213) 351-8516.	